



GAPA

GREATER APPALACHIAN PARALEGAL ASSOCIATION



GAPA MEMBERSHIP FEE: \$25.00
Mail completed Application and Check to: GAPA
c/o Barbie Mullins
3668 Kentucky Route 40 East
Meally, Kentucky 41234

APPLICATION FOR MEMBERSHIP

Name: _____

Address: _____

Employer: _____

Business Address: _____

Business Phone: _____

Home Phone: _____

Please advise how you would like for GAPA to contact you, please circle one.

Business Home

Date of Birth: _____

Areas of Practice: _____

Post High School Education

(Students must list the school they are attending; all other members should list past and any present schools).

SCHOOL	DEGREE/CERIFICATION	YEAR OF DEGREE

Work Experience

EMPLOYER	JOB TITLE/TASKS	DATES OF EMPLOYMENT

List any Professional Society or Association Membership:

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Membership Application

Have you ever been convicted of a Felony? _____

Have you ever had a professional license that has been revoked? _____

Are you interested in serving on the Board of Directors or working on a Committee for special events? _____

I hereby acknowledge that the foregoing information is true and accurate and give my permission to the Greater Appalachia Paralegal Association to verify all information herein. I further understand that additional information may be requested and acknowledge that such information shall also be true and accurate. I understand that all information provided to Greater Appalachia Paralegal Association for membership shall remain confidential.

SIGNATURE

DATE
